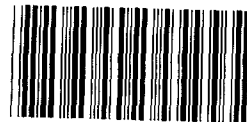




CSF CHAIN OF CUSTODY FORM
U.S. Environmental Protection Agency - Region VIII
Environmental Services Division, Multi-Media Branch
Analytical Operations Section



335388

SF FILE NUMBER

Audit Number: 08-136-92

Case Number: 18565

Date CSF Received: 8/25/92

Site Name: Richardson Flats

Auditor: Kathy Hawk

Lab Name: SWOK

FILE PLAN

Date of Audit: 8/25/92

SDG Number: HJ688

2.0

Date of Transfer: 09/09/92

Comments: _____

Transfer to: Mike Zimmerman

Affiliation: EPA RPM

Transfer from (AOS): RSCC ESAT

CSF Relinquished By:

Kathy Hawk
Print Name

09/09/92
Date

Kathy Hawk
Signature

CSF Received By:

MIKE ZIMMERMAN
Print Name

9/9/92
Date

Mike Zimmerman
Signature

CSF Relinquished By:

MIKE ZIMMERMAN
Print Name

9/23/92
Date

Mike Zimmerman
Signature

CSF Received By:

SCOTT KEEN
Print Name

9/23/92
Date

Scott Keen
Signature

CSF Relinquished By:

Print Name

Date

Signature

CSF Received By:

Print Name

Date

Signature



**COMPLETE SAMPLE DELIVERY GROUP FILE (CSF)
EVIDENCE AUDIT CHECKLIST**

**U.S. Environmental Protection Agency - Region VIII
Environmental Services Division, Multi-Media Branch
Analytical Operations Section**

Audit Number: 08-136-92 Site Name: Richardson Flats
Date CSF Received: 8/25/92 RPM Name: Mike Zimmerman
Received by: Kathy Hawk RAS Number: 1856.5
Date of Audit: 8/25/92 SAS Number:
Audited By: Kathy Hawk SDG Number: HT 688
Resubmitted CSF? Yes No ☒ Number of Samples: 8
Lab Name: Southwest Labs of Oklahoma CLP Lab Code: SWOK
Lab Location: Broken Arrow, OK

AUDIT CHECKLIST

CHAIN OF CUSTODY

- | | |
|---|--|
| 1. Custody Seal Present? | Yes <input checked="" type="checkbox"/> No <u> </u> |
| 2. Condition of Seal? Intact <u> </u> Signed <input checked="" type="checkbox"/> Broken <input checked="" type="checkbox"/> Unsigned <u> </u> | |
| 3. Chain of Custody Record(s) Present? | Yes <input checked="" type="checkbox"/> No <u> </u> |
| 4. Chain of Custody Record(s) Signed? | Yes <input checked="" type="checkbox"/> No <u> </u> |
| 5. Chain of Custody Record(s) Dated? | Yes <input checked="" type="checkbox"/> No <u> </u> |
| 6. Traffic Report(s) or Packing List(s) Present? | Yes <input checked="" type="checkbox"/> No <u> </u> |
| 7. Traffic Report(s) or Packing List(s) Signed? | Yes <input checked="" type="checkbox"/> No <u> </u> |
| 8. Airbill Present? | Yes <input checked="" type="checkbox"/> No <u> </u> |
| 9. Airbill Number(s): <u>4192385691</u> | |
| 10. Airbill Signed? | Yes <input checked="" type="checkbox"/> No <u> </u> |
| 11. Airbill Dated? | Yes <input checked="" type="checkbox"/> No <u> </u> |
| 12. Sample Tags Present? | Yes <input checked="" type="checkbox"/> No <u> </u> |
| 13. Should Sample Tags be Present? | Yes <input checked="" type="checkbox"/> No <u> </u> |

AUDIT NUMBER: 08-136-92

FORM DC-2

- | | | |
|--|---|-----------------------------|
| 14. Form DC-2 Present? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 15. Numbering scheme on Form DC-2 Correct? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 16. Enclosed documents listed? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 17. Listed documents enclosed? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

FORM DC-1

- | | | |
|-------------------------|---|--|
| 18. Form DC-1 Present? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 19. Form DC-1 Complete? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 20. Form DC-1 Correct? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

DOCUMENT CONTROL

- | | | |
|---|---|-----------------------------|
| 21. Laboratory Documents Complete? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 22. Laboratory Documents Legible? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 23. Original Documents included in CSF? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

NOTE: If items 1, 3, 4, 6, 7, 8, 12, 14, 18, or 22 are missing, corrective action measures must be taken by the CSF auditor and summarized below.

COMMENTS AND NOTES:

Form DC-1: the SDG # was missing.

Auditor

Date